



**INSTRUCTIONS**

- If you have more than one plan, you must complete a *separate* form for each plan.
- Rollover must be in the form of a check from the prior plan’s trustee, custodian, or insurer made payable to:  
MetLife, FBO (Participant’s Name).
- You may rollover a distribution only from another governmental 457(b) DCP into this governmental 457(b)
- All sections must be completed in full, unless otherwise indicated. If you have any questions or need help completing this request, please contact MetLife by calling toll-free 1-877-WITH-MET (877-948-4638).
- Please submit the former Custodian’s or Insurer’s Transfer/Surrender Request form with this form.
- **The insurer or custodian will not make any investment until the transfer amounts have been delivered to and collected by the insurer or custodian.**
- Nothing on this form can change any provision of any plan or contract.

**SECTION 1 – GENERAL INFORMATION**

Participant Name (print full name)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City	State
	Zip Code
Employer/Plan Name	Employer/Plan Number

**SECTION 2 – INVESTMENT DIRECTION**

- Check each that applies:** (list each fund individually in the boxes below, including each fund in the CHART Program<sup>®</sup>)
- Mutual Fund Select Portfolios
- \*Check if applicable:  New CHART participant (You must complete the CHART Investment Advisory Agreement)
- Existing CHART participant
- Gold Track Select Annuity “TRV” recordkept at MetLife
- Other contract not recordkept at MetLife \_\_\_\_\_ (Acct # \_\_\_\_\_)

Fund/Variable Annuity Fund Name	Percentage	Fund/Variable Annuity Fund Name	Percentage
	%		%
	%		%
	%		%
	%		%

**PERCENTAGES MUST BE IN INCREMENTS OF 1% AND THE TOTAL OF BOTH COLUMNS MUST EQUAL 100%**

*Securities products and mutual funds offered through registered representatives of MetLife affiliated broker/dealers including Metropolitan Life Insurance Company (member NASD/SIPC) or MetLife Securities, Inc. (Member NASD/SIPC), 200 Park Avenue, New York, NY 10166. Insurance and annuities offered through Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166. Gold Track Select is issued by MetLife Insurance Company of Connecticut, One City Place, Hartford, CT 06103-3415. The principal underwriter is MLI Distribution LLC.*

**ROLLOVER-IN FORM**

Participant Name: \_\_\_\_\_

Participant's SSN or ITIN: \_\_\_\_\_

**SECTION 3 – PARTICIPANT CERTIFICATION**

Before I make this investment direction, I have considered the effect of any contingent deferred sales charge, market value adjustment, or other charges under the contract I am transferring amounts from; any loss of life insurance protection, loss of guaranteed death benefits, loss of annuity payout options, or loss of investment advisory services that could result from my direction; and the fees and charges of both the contract I am transferring amounts from and the contract I'm transferring amounts into.

I instruct that the transferred amount be invested as directed above. I received each Fund's current prospectus. If I directed an amount into MFSP, I received a Custodial Account Agreement and Account Overview.

I certify, under penalties of perjury, that:

- the other plan is a 457(b) deferred compensation plan and the distribution is an eligible rollover distribution. This rollover reflects salary deferral contributions only (no after-tax contributions). I understand that this amount, if accepted, will be subject to all provisions of this deferred compensation plan
- everything I completed on this form is true, correct, and complete
- my Social Security number or other Taxpayer Identifying number shown in Section 1 is correct
- I am *not* domiciled in or a resident of any place other than the address shown in Section 1.

I understand that I may be subject to civil and criminal penalties and punishment for any knowingly false statement on this form. If the Plan, an insurer, or a custodian pays or fails to pay any benefit or withholds or fails to withhold a tax in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**SUBMITTING THIS FORM**

Please submit the following completed forms to your MetLife financial counselor:

- Former Custodian's or Insurer's Transfer/Surrender Request form (required)
- CHART Investment Advisory Agreement (if you want investment advice)
- Original Annuity Contract Application (if applicable)

**METLIFE INTERNAL USE ONLY**

\_\_\_\_\_  
MetLife Financial Counselor

\_\_\_\_\_  
AE/FC ID Number

\_\_\_\_\_  
Field Office

\_\_\_\_\_  
Date

- Submit this completed form to: **Attn: Transfer Unit**  
MetLife  
P.O. Box 6717  
Somerset, NJ 08875